

File Number:	 -
8406042	
For the reporting period ended	_

ATTENTION:

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

01	MB APP	PROVAL
OMB Num	ber:	3235-0337
Expires:	Septe	mber 30, 2006
Estimated	averag	e burden
hours per	full resp	onse 6.00
Estimated	averag	e burden
hours per	interme	ediate
response.		1.50
Estimated	averag	e burden
hours per	minim	ım
response		

FORM TA-2

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT

CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a) 1. Full name of Registrant as stated in Question 3 of Form TA-1: (Do not use Form TA-2 to change name or address.) Incorp Stock Transfer Inc. a. During the reporting period, has the Registrant engaged a service company to perform any propriate box.) X None b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged: Name of Transfer Agent(s): File No. (beginning with 84- or 85-): Company of the company of the second c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions? XX No d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2.) Name of Transfer Agent(s): File No. (beginning with 84- or 85-):

Total valle biefe Epq.

7.		pe of certain additional types of activities performed:	
	a.	Number of issues for which dividend reinvestment plan and/or direct purchase plan	0
	L	services were provided, as of December 31:	
	C.	Dividend disbursement and interest paying agent activities conducted during the reporting	
	C.	i. number of issues	
		ii. amount (in dollars)	
		II. Willowit (III Collais)	
8.	a.	Number and aggregate market value of securities aged record differences, existing for modern 31:	ore than 30 days, as of
		Prior Transfer Agent(s) (If applicable)	Current Transfer Agent
		i. Number of issues	0
		ii. Market value (in dollars)	0
	b.	Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (incl SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2):	uding the
	c.	During the reporting period, did the Registrant file all quarterly reports regarding buy-in (including the SEC) required by Rule 17Ad-11(c)(2)?	s with its ARA
		ĭ∑j Yes ☐ No	
	d.	If the answers to subsection (c) is no, provide an explanation for each failure to file:	
9.	a.	During the reporting period, has the Registrant always been in compliance with the turna as set forth in Rule 17Ad-2?	round time for routine items
		If the answer to subsection (a) is no, complete subsections (i) throu	gh (ii).
		i. Provide the number of months during the reporting period in which the Registrant w compliance with the turnaround time for routine items according to Rule 17Ad-2	
		ii. Provide the number of written notices Registrant filed during the reporting period we SEC and with its ARA that reported its noncompliance with turnaround time for rout items according to Rule 17Ad-2.	tine
10.		mber of open-end investment company securities purchases and redemptions (transactions distribution postings, and address changes processed during the reporting period:	_
	a.	Total number of transactions processed:	
	b.	Number of transactions processed on a date other than date of receipt of order (as ofs):	0

3.	a.	Federal Dep	of the Current osit Insurance overnors of the	icy Corporati Federal R	on Leserve Syste		x only.)			
	b.	During the repoinformation rep								ng the date on whicox.)	:h
		Yes, filed an No, failed to No applicate	file amendm	ent(s)							
	c.	If the answer to	subsection (b) is no, pro	ovide an exp	lanation:					_
											- -
			-	•	_	s 4-11 below					
4.	Nu	ımber of items rec	ceived for tran	sfer during	g the reporti	ng period:1.1	9			*******	-
5.	a.	Total number of System (DRS),								0	_
	b.	Number of indivas of December									_
	c.	Number of indi	vidual security	vholder DR	S accounts	as of December	r 31:			0	_
	d.									ing categories as	of
		Corporate Equity Securities	Corporate Debt Securities		Open-End Investment Company	Limited Partnersh Securitie	hip	Municip Secur	•	Other Securities	
	_	Bootimes			Securities						
		100	0		0	0		0		0	
6.	Nu	ımber of securitie	s issues for w	hich Regis	trant acted in	n the following	capaci	ities, as of	December 31:		
				Se	orporate ecurities	Open-End Investment Company	Par	imited rtnership ecurities	Municipal Debt Securities	Other Securities	
	а.	Receives items	for transfer	Equity	Debt	Securities					
		and maintains the securityholder f	he master iles:	0	0	0	0		0	0	
	b.	Receives items but does not ma									
	c.	master securityl Does not receiv		0	0	0)	0	0	

transfer but maintains the

master securityholder files:

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
0	0	0

b.	Number of lost securityholder accounts that have been remitted to states during the
	reporting period:

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title:
	Title: President
La Solant da Vore S	Telephone number: (702) 866-2500
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year):
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File Number	Supplement to Form TA-2					
For the reporting period ended December 31,	Full Name of Registrant	Full Name of Registrant				
se this schedule to provide the ngaged as a service company to	name(s) and file number(s) of the named transfer perform transfer agent functions:	agent(s) for which the Registrant has been				
Name(s):		File No. (beginning with 84- or 85-)				